

## PREVIOUS SMART START HEALTH STUDIES

The Kindergarten Health Assessment (KHA) project of the FPG-UNC Smart Start Evaluation Team was designed to use the mandated health screening form required of all North Carolina kindergartners as a way to document the health status of children in selected Smart Start counties. The initial KHA study was undertaken in 1995 to establish baseline health information in participating counties. A total of 514 schools were selected to participate in the study, and data were collected from 9,412 kindergartners representing 47,474 kindergarten children across the state. The results from this study indicated that approximately 25 percent of North Carolina kindergartners had at least one health problem. Between 6 and 7 percent of children failed vision screenings, and approximately 2 percent of children failed hearing screenings.<sup>14</sup> Data from the original KHA study also showed that although most North Carolina kindergartners were fully immunized once they entered kindergarten, only 53.3% had been immunized on time as specified by North Carolina immunization requirements. Many children received their immunizations just before entry into school. A major limitation of this study was the quantity of missing data - questions on the form that were not answered by the health professional. For example, 46 percent of children had missing data for vision screening.<sup>14</sup>

The second KHA study was a part of the six county Kindergarten Entry Skills Study, which examined the effects of Smart Start-supported child care on the skills of children at school entry.<sup>15</sup> Results showed that Smart Start children as a whole were more likely to have a regular source of health care such as a private doctor, a health department or a community health center, whereas non-Smart Start children were more likely to use an emergency department or “other” place as their regular source of care. Missing data continued to be a problem for this study. The sample size (n=508) limited statistical power and made it impossible to analyze subgroups. Finally, the study was designed originally to elicit kindergarten entry skills data, not health data.<sup>13</sup>

The current study overcame some of the limitations of previous Smart Start health studies by focusing on county partnerships that had implemented substantial Smart Start health interventions. Specific details about the study are presented in the following section.

## METHODOLOGY

### Participating Partnerships

Eleven counties in ten Smart Start partnerships from across the state were selected on the basis of round (year the county established its partnership), region of the state, and their Smart Start-funded Health Interventions. Five of the six “early” round counties (three from round 1 and two from round 2) were matched with five “late” round counties (four from round 3 and one from round 5) to answer the second research question, whether health differences existed among Smart Start children according to length of exposure to Smart Start Health Interventions. Round 1 partnerships would have begun providing services during Smart Start’s first year, 1993-94. The round 5 county established its Smart Start partnership as the present study began in 1997-98.